

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response: "Connections"

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input checked="" type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Other (Specify)

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response:

NOT APPLICABLE

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response:

“Connections” will serve 180 mentally ill offenders during the 3-year span of the grant.

The program participants will be required to meet the following eligibility criteria:

Mentally ill criteria will be based on a serious DSM IV diagnosis. Individuals with substance abuse disorders absent a mental illness will not qualify for program participation.

History of offending: MIOs who are in jail for felonies or misdemeanors but have not yet been convicted. The program will not accept individuals with domestic violence charges, or current felony charges for violent crimes, weapons charges, sex crimes, or arson, or people who pose a safety risk to others.

5. Enhanced Treatment Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response:

The source population for this research will be offenders who are determined as eligible (screening level 1) (based on mental health and criminal history criteria) by either one of the gatekeeping agencies: Supervised Pretrial Release (SPR) and the Center on Juvenile and Criminal Justice (CJCJ).

SPR Cases: These cases will be referred to SPR by judges. Screening level 1 will be completed by SPR staff.

CJCJ Cases: These will be all pretrial misdemeanor cases in custody. Screening level 1 will be completed by CJCJ staff in consultation with Jail Psychiatric Services whenever possible.

Eligible offenders will be referred to the community mental health team, Progress Foundation. The mental health team will verify mental health status and needs of the referred clients (screening level 2). Final determination regarding program eligibility and participation will be completed through a case review process with the referring agencies (i.e., SPR and CJCJ).

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response:

NOT APPLICABLE

6. Treatment-as-Usual (Comparison) Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

Response:

NOT APPLICABLE

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

Response:

NOT APPLICABLE

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response:

NOT APPLICABLE

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Total population to be reached is 180 over three years. Sample size calculations require a minimum of 126 participants with completed measurements.		
Program Year	Treatment Group	Comparison Group
First Year	70 (39% of the sample)	N/A
Second Year	90 (50% of the sample)	N/A
Third Year	20 (11% of the sample)	N/A
Total	180	
Unit of Analysis (Check one)		
<input checked="checked" type="checkbox"/>	Individual Offender	
<input type="checkbox"/>	Geographic Area	
<input type="checkbox"/>	Other:	

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response:

9. Enhanced Treatment Group Interventions				
Intervention	Agency responsible	Intervention Procedures	Monitoring process	Evaluation process
Comprehensive supervision and follow up services	Center on Juvenile and Criminal Justice (CJCJ), and Supervised Pretrial Release (SPR)	<ol style="list-style-type: none"> 1) Identify and interview eligible offenders; 2) Develop a case plan and submit release recommendations to the court; 3) Supervises the offender in the community to ensure they attend all subsequent court dates until the case is disposed; 4) Refer eligible participants to Progress Foundation; 5) Provide referrals and follow up to other community-based services, i.e., substance abuse, vocational services, etc. 6) Determine participant eligibility for housing needs and services; 7) Assist participants in seeking long term housing; 8) Follow up services that may include: progress assessment on services allocated; re-allocation of services; etc. 	Comprehensive database review; Progress report; Client assessment tracking forms.	Client interviews and surveys
Provision of comprehensive community mental health services	Progress Foundation	<ol style="list-style-type: none"> 1) Comprehensive screening and assessment; 2) Determine mental health diagnosis; 3) Assess and determine pre-existing mental health service/case manager; 4) Link clients to pre- 	Client case reviews; Client service tracking forms; Client referral tracking forms	Client interviews and surveys

9. Enhanced Treatment Group Interventions

Intervention	Agency responsible	Intervention Procedures	Monitoring process	Evaluation process
		<p>existing mental health case manager/service;</p> <p>5) Assignment of case manager to eligible participants (without existing mental health case manager/services);</p> <p>6) Provision of health-related services that may include: Outpatient mental health services; crisis intervention, assessment and prescription of medication;</p> <p>7) Referrals to substance abuse; referrals to vocational training; referral to money management services.</p> <p>8) Follow up services that may include: progress assessment on services allocated; re-allocation of services; etc.</p>		
Provision of temporary housing services	The Department of Public Health Housing Coordinator and Tenderloin Neighborhood Development Corporation	1) Allocate rooms in single-room occupancy (SRO) hotels for participants;	Client case reviews; Client service tracking forms;	Client interviews and surveys
Benefits advocacy, money management, and representative payee services	Lutheran Social Services (LSS)	<p>1) Assist eligible clients in enrolling in SSI;</p> <p>2) Assist eligible clients in attaining General Assistance benefits through the Department of Human Services while the SSI application is pending;</p> <p>3) Provide mandatory money management services for, participants receiving</p>	Client case reviews; Client service tracking forms; Client referral tracking forms	Client interviews and surveys

9. Enhanced Treatment Group Interventions

Intervention	Agency responsible	Intervention Procedures	Monitoring process	Evaluation process
		temporary housing, to assist participants in developing savings for future housing.		
Vocational opportunities	Community Vocational Enterprises (CVE)	<ol style="list-style-type: none">1) Determine participants; eligibility to vocational services;2) Provide eligible participants with a support services that include skill development;3) Provide a first step program for clients with limited skills and work experience;4) Place eligible participants in relevant internships that focus on entry-level skill building opportunities;5) Provide employment linkages to temporary or permanent employment in both business and non profit sectors	Client case reviews; Client service tracking forms; Client referral tracking forms	Client interviews and surveys

10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response:

NOT APPLICABLE

11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Selected demographics including: <ul style="list-style-type: none"> • Race/ethnicity; • Immigrant status; • Language use. 	Successful completion of court case	Completion of court appearances; Completion of court mandates.	Database and record reviews (CJCJ and SPR); Client interviews/surveys	
Type & length of mental health conditions and other comorbidity (i.e., to identify subgroups by severity and functional status)	Participants' increased awareness and knowledge of community-based services.	Number of referrals and services allocated; Increased awareness of services for mentally ill offenders among participants; Increased comfort in seeking community-based services among participants.	Review of agencies common data base; Review of agencies service tracking forms; Review of agencies referral forms; Case reviews; Client interviews and surveys.	
Type and extent of criminal history	Participants' attainment of services and entitlements	Number of applications and entitlement forms completed; Increased knowledge of eligibility across services and entitlements among participants; Increased sense of efficacy in completing application procedures among participants;	Database and case reviews; Service provider surveys; Participants' interviews/surveys.	
Previous exposure to community mental health services	Participants' consistent use of allocated community-based services	Effective coordination of services across participating agencies; Number of services completed by participants; Participants' retention rates across program services; Changes in mental health status; Participants' sense of efficacy in maintaining and following up with allocated services; Participants' satisfaction with services.	Database and case reviews; Service provider surveys; Participants' interviews/surveys.	

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Program dosage i.e., type and amount of “Connections” services	Earlier release from custody; Longer case management; Reduction in participants’ recidivism (by time)’	Failure to complete court mandates; New offenses/charges; Number of arrests	Criminal record review	
Length of stay in “Connections” program				

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. The allocation of community mental health services to mentally ill offenders has no effect in reducing recidivism	Chi-square test (To compare the observed and expected frequencies in each population group)
2. Re-offenses among participants in the “Connections” program will occur in longer time frames when compared to other MIO	To be determined
3. Program dosage has no effect on participant recidivism (categorical) and in the time in which re-offences occur (continuous)	Chi-square test (categorical variables) and Regression (continuous variables)
4. Individual characteristics (i.e., criminal history, mental health severity) has no effect on participants’ ability to successfully complete program and court mandates.	Chi-square test
5. The provision of culturally competent services has no impact on participants’ level of participation and retention rates over program duration	Chi-square and Regression.

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis			
	Yes	3	No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response:

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response:

Tracking collaborative efforts among criminal justice agencies and community-service agencies

Program staff will maintain logs on recruitment efforts, training strategies and outcomes. Furthermore, information on level of participation, successes and lessons learned from the collaborative efforts will be collected through agency tracking forms. This information will be assessed on a quarterly basis by program staff. Evaluation consultant will be available to assist program staff in developing summary reports highlighting emerging issues and strategies.

Training delivery and tracking forms

Information on the number of trainings, number of participants, retention and attrition rates will be collected and maintained by program staff. The evaluation team will review the tracking forms and assist program staff in developing summary reports.

Client contact and service delivery forms

Agencies and program staff will be required to collect information on the number of clients served, as well as the types and amounts of services provided. This information will be collected periodically by program staff. All information will be summarized by the evaluation team on a quarterly basis.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response:

Program completion will be determined through the following procedures:

- Participant has been connected and allocated appropriate mental health services, i.e., M.O.S.T.; completes criminal justice case, and completes SPR/CJCJ case plan.

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response:

Participants may be terminated if any of the following issues emerge:

- People with new domestic violence charges, or felony charges for violent crimes, weapons charges, sex crimes, or arson, or people who pose a safety risk to others (if occurred after entry into program);
- People who fail to complete court mandates, have returned to custody or whose charges continue to be prosecuted; and
- Participants with high truancy (more than 3 months of missed appointment/services).